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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 21

SERIAL NUMBER 08/991,143	FILING DATE 12/16/1997  RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKE NO. 600.423US1
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## APPLICANTS

BIANCA M. CONTI-FINE, MINNEAPOLIS, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

*This Application is a continuation-in-part of 08/564,972 now U.S. Patent No. 5,843,462*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 03/16/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 11	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

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## TITLE

METHODS TO TREAT UNDESIRABLE IMMUNE RESPONSES

FILING FEE  RECEIVED 1328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 2148

<b>SERIAL NUMBER</b> 08/991,143	<b>FILING OR 371(c) DATE</b> 12/16/1997 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 600.423US1
<b>APPLICANTS</b> BIANCA M. CONTI-FINE, MINNEAPOLIS, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/564,972 11/30/1995 PAT 5,843,462				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/16/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> SCHWEGMAN LUNDBERG WOESSNER & KLUTH P O BOX 2938 MINNEAPOLIS ,MN 55402				
<b>TITLE</b> METHODS TO TREAT UNDESIRABLE IMMUNE RESPONSES				
<b>FILING FEE RECEIVED</b> 1328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	